




Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. KAPIL KUMAR V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1442, MAIN ROAD, SINGILIPATT
Line 2	KADAYANALLUR TALUK, TIRUNELVELI - 627751
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9942425276
Email	KAPILKUMARVS@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CCOPK4904M
Passport Number	
Aadhar Number	642611307492
Faculty code given by C.O.E.	9524170
Faculty code given by A.I.C.T.E.	17366737405
Date of Birth	24-02-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.1 CGPA	FIRST CLASS	
P.G.	M.E.	OTHERS - PRINTING AND PACKAGING TECHNOLOGY	2015	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	8.3 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	06-06-2022	24-02-2023	0	8	19
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-01-2020	25-05-2022	2	4	24
Total				3	1	14

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 60	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :